

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL015-004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/02/2023
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NAME OF PROVIDER OR SUPPLIER WICKHAM ROAD FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 258 WICKHAM ROAD SHILOH, NC 27974
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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on February 2, 2023. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program.</p> <p>Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30</p>	V 119		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 119	<p>Continued From page 1</p> <p>calendar days after the date of discharge.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to dispose of a medication in a manner that guards against diversion or accidental ingestion for 1 of 3 current clients (#4). The findings are:</p> <p>Record review on 1/31/23 of client #4's record revealed:</p> <ul style="list-style-type: none"> - admitted 12/28/11 - diagnoses of Major Depressive Disorder, Impulse Disorder, unspecified, Moderate Intellectual Disability, Attention-Deficit Hyperactivity Disorder, combined type; Epilepsy & Cerebral Palsy. - a physician order dated 9/1/22 Lorazepam 1mg (milligrams) twice a day as needed (anxiety) <p>Observation on 2/1/23 at 10:15am of client #4's medication bin revealed:</p> <ul style="list-style-type: none"> - medication label for Lorazepam: discard after 1/7/23 - a pill administered on 1/14/23 at 1:13pm & 1/31/23 at 5:15pm <p>During interview on 2/1/23 the Habilitation Coordinator reported:</p> <ul style="list-style-type: none"> - responsible for the disposal of expired medications - looked at the clients' medication bins last week for expired medications - overlooked client #4's Lorazepam - control medications were returned back to the 	V 119		

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V 119	Continued From page 2 pharmacy During interview on 2/1/22 the Program Manager reported: - the Habilitation Coordinator was responsible for disposal of expired medications - a control medication form was completed & the medication was returned back to the pharmacy	V 119		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community	V 291		

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V 291	<p>Continued From page 3</p> <p>inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate with other professionals who are responsible for the treatment for 1 of 3 audited clients (#3). The findings are:</p> <p>Record review on 1/31/23 of client #3's record revealed:</p> <ul style="list-style-type: none"> - admitted 6/24/15 - diagnoses of: Major Depression Disorder, Adjustment Disorder and Moderate Intellectual Disorder - a FL2 dated 11/2/22 - Medroxyprogesterone 150mg (milligrams) give intramuscular quarterly - last Medroxyprogesterone injection was October 2022 (birth control) <p>Review on 2/1/23 of client #3's January 2023 Medication Administration Record revealed:</p> <ul style="list-style-type: none"> - no documentation of the Medroxyprogesterone injection <p>During interview on 2/1/23 the Habilitation Coordinator reported:</p> <ul style="list-style-type: none"> - client #3 received the Medroxyprogesterone injection on 1/25/23 at the physician's office - the nurse forgot to document the injection <p>During interview on 2/1/23 the Program Coordinator reported:</p> <ul style="list-style-type: none"> - the Qualified Professional & Habilitation Coordinator reviewed Therap on a daily basis for medication errors - the Medroxyprogesterone injection was not 	V 291		

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V 291	Continued From page 4 flagged in Therap that it was due - she would follow up with the nurse to see how the Medroxyprogesterone injection could be flagged	V 291		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation, record review and interview the facility was not maintain in a safe manner. The findings are: Record review on 1/31/23 of client #6's record revealed: - admitted 12/1/22 - diagnoses of: Obsessive Compulsive Disorder, Post Traumatic Stress Disorder & Mild Intellectual Developmental Disability Observation & interview with the Habilitation Coordinator on 1/31/23 at 1:21pm of client #6's bedroom window revealed: - a black metal L-shape bracket screwed into the side of the window frame - the Habilitation Coordinator called it a "window stopper" - the window opened approximately a foot	V 736		

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V 736	<p>Continued From page 5</p> <p>Observation on 1/31/23 at 2:19pm revealed:</p> <ul style="list-style-type: none"> - a screwdriver & the window stopper from client #6's bedroom window on the kitchen table <p>During interview on 1/31/23 client #6 reported:</p> <ul style="list-style-type: none"> - had not attempted to open the bedroom window - was not aware the window stopper was in the window <p>During interview on 1/31/23 the Habilitation Coordinator reported:</p> <ul style="list-style-type: none"> - was the first time she saw the window stopper in client #6's bedroom window - she was unsure of how long the window stopper had been in the window - during fire drills the clients lifted their bedroom windows, however, she did not observe how far the window was lifted - she removed the window stopper from client #6's bedroom window today (1/31/23) <p>During interview on 2/1/23 the Program Manager reported:</p> <ul style="list-style-type: none"> - she was not aware client #6's bedroom window did not open fully - was not sure how long the window stopper had been in client #6's bedroom window - Department of Housing & Urban Development (HUD) inspections were done (could not give a date) & the window stopper was missed - staff and clients tested windows monthly for egress and it was missed <p>Review on 2/1/23 of the Plan of Protection dated 2/1/23 written by the Habilitation Coordinator revealed:</p> <ul style="list-style-type: none"> - "What immediate action will the facility take to ensure the safety of the consumers in your care?" 	V 736		

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V 736	<p>Continued From page 6</p> <p>Habilitation Coordinator immediately removed the window block on 1/31/23.</p> <p>- Describe your plans to make sure the above happens? To make sure all windows are clear and able to be opened in case of an emergency monthly. Habilitation Coordinator and staff will make sure this is done."</p> <p>Client #6 was admitted December 2022 with diagnoses of Obsessive Compulsive Disorder, Post Traumatic Stress Disorder & Mild Intellectual Developmental Disorder. Client #6's bedroom window would only lift approximately a foot which prevented egress from the bedroom window. A black metal L-shape bracket was screwed into the side of the window frame. The Habilitation Coordinator & the Program Manager were unaware the window stopper was in the bedroom window. They were also unsure how long the window stopper had been there. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116</p>	V 752		

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V 752	<p>Continued From page 7</p> <p>degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation & interview the facility failed to ensure water temperatures were maintained between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation on 1/31/23 at 12:30pm during the tour of the facility revealed:</p> <ul style="list-style-type: none"> - the kitchen sink was 80 degrees Fahrenheit <p>Observation on 2/1/23 at 11:02am revealed:</p> <ul style="list-style-type: none"> - the kitchen sink was 93 degrees Fahrenheit <p>During interview on 2/1/23 the Habilitation Coordinator reported:</p> <ul style="list-style-type: none"> - the water temperature in the kitchen had been low - maintenance turned up the water temperature earlier last year <p>During interview on 2/1/23 the Program Manager reported:</p> <ul style="list-style-type: none"> - will contact maintenance to reset the water heater 	V 752		